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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Humber			
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OR OTHER THAN SMALL ENTITY		
	FOR	NUME	MBER FILED NUMB		ER EXTRA	RATE (\$)		FEE (\$)		RATE (\$)	FEE (\$)	
	SIC FEE OFR 1.16(a), (b), or	(c))	N/A		N/A	N/A]	NA		
SE	URCH FEE CFR 1.16(k), (f), or (N/A		N/A	N/	N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A	N/A		· N/]	NA		
TO	TAL CLAIMS OFR 1.16(I))		minus 20	minus 20 =		x	п		OR	x =		
	EPENDENT CLA OFR 1.16(h))		minus 3 = *			x	3			x =		
FEE	FLICATION SIZE	sheets of is \$250 (additions	re specification and drawings exceed 100 lets of paper, the application size fee due 250 (\$125 for small entity) for each liffonal 50 sheets or fraction thereof. See U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16())						N/A				N/A		
- 11	* If the difference in column 1 is less than zero, enter "O" in column 2.						u.			TOTAL '		
q	APPLICATION AS AMENDED - PART II Q (Column 1) (Column 2) (Column 3)					. SM	SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
T A	14 1016	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADOI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
AMENDMENT	Total pr CFR 1.14(1))	35	Minus	725	* D	x			OR	x 50 =		
	Independent (37 CFR 1.16(h))		Minus		٠ ک	×	=		OR	x 200 =	<i></i>	
ME	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	N/A		
						ADD'L !	ΈΕ		OR	TOTAL ADO'L FEE		
•		(Column 1)		(Column 2)	(Column 3)				_			
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADOI- TIONAL FEE (\$)		RATE (\$)	ADDI- TKONAL FEE (\$)	
	Total (37 CFR 1.160))	•	Minus	••	-	×	=		OR	х •		
	Independent (37 OFR 1.18(h))	•	Minus		Þ	x	-		OR	x e		
AMEND	Application Size Fee (37 CFR 1.16(s))											
▼	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1))					N/A	\dashv		OR	N/A		
			-			TOTAL ADO'L F	EE		OR	ADO'L FEE		
:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"If the Trighest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."

If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "30.

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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